SYLLABUS
Work program of the discipline « Internal diseases -2»
Educational program: 6B10115 "Medicine"

1.	General information about the discipline		
1.1	Discipline Code: ID 4318	1.6	Academic year: 2025-2026
1.2	Name of discipline: «Internal diseases -2»	1.7	Course: 4
1.3	Prerequisites: Internal diseases - 1	1.8	Semester: 8
1.4	Postrequisites: Basics of general medical practice, Clinical pharmacology, Emergency medical care - 1	1.9	Number of credits (ECTS): 5
1.5	Cycle: PD	1.10	Component: MC

2.	Description of the discipline (maximum 150 words)
Effective measures aimed at the diagnosis, treatment and prevention of the main forms of diseases of the digestive and endocrine, musculoskeletal systems, hematopoiesis system. Diagnosis, provision of qualified and urgent medical care for urgent and life-threatening conditions. Research and evaluation of treatment outcomes based on scientific evidence. Maintaining medical records (medical history).	

3.	Summative assessment form *		
3.1	Testing ✓	3.5	Solution of situational problems
3.2	Writing	3.6	Writing a case history
3.3	Oral	3.7	Other (specify)
3.4	OSPE/OSKE or practical skills intake✓		

4.	Aims of the discipline
to form the student's skills of clinical thinking, based on knowledge of the pathophysiological mechanisms of the course and outcome of diseases, physical and clinical - laboratory methods of examination and choice of drugs in adult patients with the main clinical syndromes of internal diseases.	

5.	**Learning outcomes (RO disciplines)**	
LO1	Demonstrates knowledge and understanding of the diagnosis, treatment, and follow-up of therapeutic diseases based on the principles of evidence-based medicine.	
LO 2	Able to formulate a clinical diagnosis, develop a treatment plan, and evaluate its effectiveness in accordance with evidence-based practice at all levels of healthcare delivery.	
LO3	Demonstrates skills in providing emergency and urgent medical care, and determines indications for hospitalization in therapeutic conditions.	
LO4	Demonstrates effective communication skills: able to interact productively with patients, their families, and healthcare professionals to achieve optimal patient outcomes; able to act within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan; able to work as part of a team.	
LO5	Able to provide basic assistance in emergency situations and conduct health education and awareness-raising activities with the population.	
LO6	Demonstrates skills in the effective use of information technologies; able to complete medical documentation, participate in research activities, and engage in continuous self-learning and professional development.	
5.1	**RO disciplines**	**The learning outcomes of the EP with which the LO disciplines are associated**

	LO4	**OH 4**. Promotes activities within the framework of the RK health legislation to ensure quality health care.
	LO 2	**OH 5**. Demonstrates skills in formulating a clinical diagnosis, prescribing a treatment plan based on evidence-based practices.
	LO1, LO 2, LO 3, LO 5	**OH 6** Conducts outpatient appointments, diagnosis, treatment, follow-up and rehabilitation of pediatric and adult patients, including pregnant women, based on evidence-based practice principles.
	LO 6	**OH 9**. Works in the electronic databases of the RK health care system, providing documentation of the processes of medical services and management of medical and statistical information as part of the processes of digitalization of health care.
	LO 1, LO 2	**OH 11.** Analyzes the effectiveness of diagnosis and treatment results, applying the principles of personalized medicine.

6.	**Detailed information about the discipline**					
6.1	Venue (building, auditorium):Shymkent, SKMA sq. AL-FARABI 1, tel.: 40-82-26, 40-82-22 (1800), www.ukma.kz, www.ukma.kz/ru, therapy_med@mail.ru **Clinical bases:** - Regional Clinic Hospital - City hospital №2 - Heart Center Shymkent - Medical Center “Sunkar Premium” - Medical center "Profmedservice" - Medical center "Spine Clinic"					
6.2	Number of hours	Lectures	Pract.less	Lab. less.	IWLT	IWL
	Internal diseases-2	15	35	-	15	85

7.	**Information about teachers**		
No.	Full name	Degrees and position	Email address
1	Asanova Galiya Kutymbetovna	Candidate of Medical Sciences, Associate Professor, Head of the Department	agk_26@mail.ru
2	Abseitova Saule Raimbekovna	Doctor of Medical Sciences, Professor	saule_1947@mail.ru
3	Abdukhalykov Abai Magzhanovich	Professor	abai47@mail.ru
4	Turtaeva Aigul Yelubayevna	Candidate of Medical Sciences, Acting Professor	curtcha@mail.ru
5	Kushekbaeva Asiya Ergeshovna	Associate Professor	dr_asia@mail.ru
6	Bekzhigitov Spandiyar Bayzhigitovich	Doctor of Medical Sciences, Professor	bekzhigitov63@mail.ru
7	Ashirov Bolat Anvarovich	Candidate of Medical Sciences, Associate Professor	ashirov.bolat.80@mail.ru
8	Serikbayeva Mira Turdalievna	Assistant	Semira70@mail.ru

8.	Thematic planin the discipline "Internal Diseases-2" (VIII) semester					
№	**Topic name**	**Summary**	**RO disciplines**	**Number of hours**	**Forms/ methods/ learning technologies**	**Forms/ assessment methods**
1	**Lecture.** Theme: Gastroesophageal reflux disease (GERD)	Gastroesophageal reflux disease (GERD). Definition, etiology. Pathophysiological mechanisms of GERD development. Clinic, diagnostic criteria. Pharmacodynamics of antisecretory drugs: (H2-histamine receptor blockers, proton pump inhibitors), prokinetic, antacid drugs. Dispensary supervision.	LO 1, 2	1	Overview lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Gastroesophage-reflux disease	Gastroesophageal reflux disease (GERD). Definition, etiology. Pathophysiological mechanisms of GERD development. Clinic, diagnostic criteria. Pharmacodynamics of antisecretory: H2-histamine receptor blockers, proton pump inhibitors); prokinetic, antacid drugs. Dispensary supervision.	LO 1, 2	3	Small-Group Work. Completion of Test Assignments	Oral Assessment. Checklist for Test Assignment Performance
	SIWT/ SIW. Theme: Tumors of the esophagus	Tumors of the esophagus. Definition. Modern ideas about etiology. Pathophysiological mechanisms of development of tumors of the esophagus. Clinical classification. Clinical manifestations. differential diagnosis. Pharmacodynamics of chemotherapy (neoadjuvant, adjuvant, therapeutic).	LO 1, 2	1/6	Topic Discussion. Project Work: Development of a Scientific Project Plan	Review and Solving of Case-Based Clinical Scenarios. Project Evaluation
2	**Lecture.** Theme: Peptic ulcer of the stomach and duodenum.	Peptic ulcer of the stomach and duodenum. Definition, etiopathogenesis. Pathological classification. Pathophysiological mechanisms of development of PU and duodenum. Clinic, diagnostic criteria. Pharmacodynamics of antisecretory drugs: H2-histamine receptor blockers, proton pump inhibitors; prokinetic; antacids; antibacterial drugs. Recommended schemes of eradication. Medical examination and prevention.	LO 1, 3	1	Thematic Lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Peptic ulcer of the stomach and twelve duodenal ulcer	Peptic ulcer of the stomach and duodenum. Definition, etiopathogenesis. Pathological classification. Pathophysiological mechanisms of development of PU and duodenum. Clinic, diagnostic criteria. Pharmacodynamics of antisecretory: H2-histamine receptor blockers, proton pump inhibitors; prokinetic; antacids; antibacterial drugs. Recommended schemes of eradication. Medical examination and prevention.	LO 1, 3	3	Standardized Patient Activity. Completion of Case-Based Tasks	Standardized Patient Checklist. Checklist for Case-Based Task Performance
	SIWT/ SIW. Theme: Chronic gastritis	Chronic gastritis. Definition, etiology. Pathophysiological mechanisms of development of chronic gastritis. Clinical diagnostic criteria. Differential diagnosis.	LO 1, 3	1/6	Work with Literature and the RBL	Analysis of Scientific Articles. Checklist for

	Project:	Principles of therapy. Pharmacodynamics of antisecretory: H2-histamine receptor blockers, proton pump inhibitors; antacids; antibacterial drugs. Recommended schemes of eradication. Project: Diabetic kidney disease			Electronic Database	Developing Case-Based Tasks
3	**Lecture.** Theme: Chronic hepatits	Chronic hepatitis. Definition, etiology. Pathophysiological mechanisms of development of chronic hepatitis. Classification. Diagnostic criteria, exacerbation criteria. Serological studies. Differential diagnosis of chronic hepatitis. General recommendations for HTP. Pharmacodynamics of antiviral interferon alpha, nucleoside analogs, lamivudine; hepatoprotective drugs: ursodeoxycholic acid, ademetionine, essential phospholipids. Medical examination, prevention.	LO 3, 5	2	Informative Lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Chronic hepatits	chronic hepatitis. Definition, etiology. Pathophysiological mechanisms of development of chronic hepatitis. Classification. Diagnostic criteria, exacerbation criteria. Serological studies. Differential diagnosis of chronic hepatitis. General recommendations for HTP. Pharmacodynamics of antivirals: alpha-interferon, nucleoside analogues, lamivudine; hepatoprotective drugs: ursodeoxycholic acid, ademetionine, essential phospholipids. Medical examination, prevention.	LO 3, 5	3	Small-Group Work. Mastering Practical Skills	Oral Assessment. Evaluation of Practical Skill Mastery
	SIWT/ SIW. Theme: Chronic pancreatits	Chronic pancreatitis. Definition and pathomorphological classification. Pathophysiological mechanisms of development of chronic pancreatitis. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamics of antisecretory: H2-histamine receptor blockers, proton pump inhibitors; enzymatic; antispasmodic drugs. Dispensary observation and methods of prevention.	LO 3,5	1/5	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
4	**Lecture.** Theme: Cirrosis of the liver	Cirrhosis of the liver. Etiopathogenesis, risk factors. Classification. Pathological classification. Pathophysiological mechanisms of cirrhosis development. Clinical, laboratory and instrumental diagnostics of cirrhosis complications**.** Etiotropic and basic pathogenetic therapy of cirrhosis. Pharmacodynamics of antiviral drugs: tenofovir, entecavir, ledipasvir; immunosuppressive: azathioprine, drugs. Dspanserization, prevention, sanatorium-and-spa treatment.	LO 1, 6	1	Problem-Based Lecture	Feedback Session (Question–Answer Format)

	Practical lesson. Theme: Cirrhosis of the liver	Cirrhosis of the liver. cirrhosis of viral and non-viral etiology. Etiopathogenesis, risk factors. Classification. Pathological classification. Pathophysiological mechanisms of cirrhosis development. Clinical, laboratory and instrumental diagnostics of cirrhosis complications. Etiotropic and basic pathogenetic therapy of cirrhosis. Pharmacodynamics of antiviral tenofovir, entecavir, ledipasvir; immunosuppressive: azathioprine drugs. Dspanserization, prevention, sanatorium-and-spa treatment.	LO 1, 6	3	Standardized Patient Activity. Completion of Test Assignments	Standardized Patient Checklist. Checklist for Test Assignment Performance
	SIWT/ SIW. Theme: Cholelithiasis	Cholelithiasis. Etiology. Pathophysiological mechanisms of development of cholelithiasis. Classification. Clinical manifestations. differential diagnosis. Pharmacodynamics of hepatoprotective: ursodeoxycholic acid; prokinetic: domperidone, itopride, trimebutine; antispasmodic: gimecromon, alverin, drugs, NSAIDs ketorolac, ketoprofen. Medical examination and prevention.	LO 1, 6	1/6	Development of Case-Based Tasks	Analysis of Scientific Articles. Solving Case-Based Tasks
5	**Lecture.** Theme: Anemia	anemia. General anemic syndrome. Iron-deficiency anemia. Folate deficiency anemia. B12 deficiency anemia. Definition. Etiology. Pathophysiological mechanisms of anemia development. Clinic, Diagnostics. Pharmacodynamics of drugs used in various types of anemia. Dispensary observation and prevention.	LO 3, 4	1	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson Theme: Anemia	anemia. General anemic syndrome. Iron-deficiency anemia. Folate deficiency anemia. B12 deficiency anemia. Definition. Etiology. Pathophysiological mechanisms of anemia development. Clinic, Diagnostics. Pharmacodynamics of iron preparations, ascorbic acid, folic acid, vit B12. Dispensary observation and prevention.	LO 3, 4	2	Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the RK	Oral Assessment. Checklist for Solving Case-Based Tasks
	SIWT/ SIW. Theme: Thrombocytopenia	thrombocytopenia. congenital thrombocytopenia. thrombocytopenic purpura. Definition. Etiology. Pathophysiological mechanisms of development of thrombocytopenia. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamics glucocorticosteroid drugs: dexamethasone,prednisolone; thrombopoietin receptor agonists: rituximab.	LO 3, 4	1/6	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
6	**Lecture.** Theme: Acute leukemia	Acute leukemia. Acute lymphoblastic and myeloid leukemia.Definition, etiology. Pathophysiological mechanisms of development of acute leukemia. TNM classification. Chemotherapy. maintenance chemotherapy. GMALL protocols in the treatment of acute leukemia. Pharmacodynamics of immunosuppressive:	LO 4, 6	2	Problem-based lecture	Feedback Session (Question–Answer Format)

		azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroid drugs: prednisolone, methylprednisolone; thrombopoietin receptor agonists: rituximab.				
	Practical lesson. Theme: Acute leukemia	Acute leukemia. Acute lymphoblastic and myeloid leukemia.Definition, etiology. Pathophysiological mechanisms of development of acute leukemia. TNM classification. Chemotherapy. maintenance chemotherapy. GMALL protocols in the treatment of acute leukemia. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroid drugs: prednisolone, methylprednisolone; thrombopoietin receptor agonists: rituximab. Criteria for the effectiveness of treatment. Forecast.	LO 4, 6	3	Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan	Oral Assessment. Checklist for Case-Based Tasks
	SIWT/ SIW. Theme: Diseases of the pituitary gland.	Diseases of the pituitary gland. Definition. Classification. Etiology. Pathophysiological mechanisms of development of hyperprolactinemia. Clinical diagnostic criteria. Differential diagnosis. Pharmacodynamics of dopamine agonists (cabergoline, bromocriptine),	LO 4, 6	1/5	Development of Case-Based Tasks / Project Work	Analysis of Scientific Articles, Checklist for Developing Case-Based Tasks; Project Evaluation
7	**Lecture.** Theme: Chronic leukemia	Chronic leukemia. Chronic lymphocytic leukemia and myeloid leukemia. Definition, etiology. Pathophysiological mechanisms of development of chronic leukemia. TNM classification. Chemotherapy. maintenance chemotherapy. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroid drugs: prednisolone, methylprednisolone; thrombopoietin receptor agonists: rituximab. Criteria for the effectiveness of treatment. Forecast.	LO 4, 5	1	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Chronic leukemia	Chronic leukemia. Chronic lymphocytic leukemia and myeloid leukemia. Definition, etiology. Pathophysiological mechanisms of development of chronic leukemia. TNM classification. Chemotherapy. maintenance chemotherapy. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil,	LO 4, 5	3	Small-Group Work. Solving Case-Based Tasks	Oral Assessment. Checklist for Solving Case-Based Tasks

		cyclosporine; glucocorticosteroid drugs: prednisolone, methylprednisolone; thrombopoietin receptor agonists: rituximab. Criteria for the effectiveness of treatment. Forecast.				
	SIWT/ SIW. Theme: Pheochromocytoma Frontier control No. 2	Pheochromocytoma. Definition. Etiology. Pathophysiological mechanisms of pheochromocytoma development. Clinic. Diagnostics. Pharmacodynamics of α-blockers: doxazosin, calcium channel blockers: nifedipine, amlodipine; б-blockers: propranolol, atenolol. Prevention.	LO 4, 5	1/6	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks
8	**Lecture.** Theme: Diabetes	Diabetes mellitus, definition, etiology. Pathophysiological mechanisms of development of diabetes mellitus. SD classification. clinical picture. Determining the severity of diabetes. The main differences between diabetes mellitus type 1 and 2. Diagnosis, pharmacodynamics of hypoglycemic drugs: sulfonylurea drugs: gliclazide, glimepiride, glibenclamide; glinides: repaglinide; biguanides: metformin; ultrashort-acting insulins; short-acting insulins; intermediate-acting insulins; long-acting insulins; long-acting insulins. Dispensary supervision. Prevention.	LO 5, 6	2	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Diabetes	Diabetes mellitus, definition, etiology. Pathophysiological mechanisms of development of diabetes mellitus. SD classification. clinical picture. Determining the severity of diabetes. The main differences between diabetes mellitus type 1 and 2. Diagnosis, Pharmacodynamics of hypoglycemic drugs: sulfonylurea drugs: gliclazide, glimepiride, glibenclamide; glinides: repaglinide; biguanides: metformin; ultrashort-acting insulins; short-acting insulins; intermediate-acting insulins; long-acting insulins; long-acting insulins. Dispensary supervision. Prevention.	LO 5, 6	2	Small-Group Work; Working with the Clinical Protocol of the Ministry of Health of the RK	Oral Assessment and Checklist for Performing Case-Based Tasks
	SIWT/ SIW. Theme: metabolic syndrome	metabolic syndrome. Definition. Etiology. Pathophysiological mechanisms of development of the metabolic syndrome. Classification. Clinic, diagnostics. Treatment. Prevention.	LO 5, 6	2/6	Development of Case-Based Tasks	Analysis of Scientific Articles; Checklist for Developing Case-Based Tasks
9	**Lecture.** Theme: Rheumatoid arthritis	Rheumatoid arthritis. Definition, modern ideas about etiology. Pathophysiological mechanisms of development of rheumatoid arthritis. Pathological classification, clinic of articular and extra-articular manifestations. Diagnosis, Pharmacodynamics of cytostatic:	LO 2, 3	1	Problem-Based Lecture	Feedback Session (Question–Answer Format)

		methotrexate, cyclophosphamide, azathioprine, glucocorticosteroid: prednisolone, methylprednisolone drugs, NSAIDs: diclofenac, meloxicam, genetically engineered biological drugs. Prevention.				
	Practical lesson. Theme: Rheumatoid arthritis	Rheumatoid arthritis. Definition, modern ideas about etiology. Pathophysiological mechanisms of development of rheumatoid arthritis. Pathological classification, clinic of articular and extra-articular manifestations. Diagnosis, Pharmacodynamics of cytostatic: methotrexate, cyclophosphamide, azathioprine, glucocorticosteroid: prednisolone, methylprednisolone drugs, NSAIDs: diclofenac, meloxicam, genetically engineered biological drugs. Prevention.	LO 2, 3	3	Small-Group Work; Mastery of Practical Skills	Oral Assessment; Evaluation of Practical Skills
	SIWT/ SIW. Theme: Acute rheumatic fever	Acute rheumatic fever Definition. Etiology. Clinical diagnostic criteria. Differential diagnosis. Pathophysiological mechanisms of development of acute rheumatic fever. Pharmacodynamics of antibacterial, glucocorticosteroid drugs, NSAIDs. symptomatic treatment. Prevention.	LO 2, 3	2/6	Project Work	Analysis of Scientific Articles; Project Evaluation
10	**Lecture.** Theme: Systemic lupus erythematosus	Systemic lupus erythematosus. Definition, etiology. Pathological classification. Pathophysiological mechanisms of development of systemic lupus erythematosus. Algorithm for diagnosing SLE. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroids: prednisolone, methylprednisolone; antimalarial: hydroxychloroquine; Gbiological engineering:Belimumab, Rituximab drugs.	LO 2 6	1	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Systemic lupus erythematosus	Systemic lupus erythematosus. Definition, etiology. Pathological classification. Pathophysiological mechanisms of development of systemic lupus erythematosus. Algorithm for diagnosing SLE. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroids: prednisolone, methylprednisolone; antimalarial: hydroxychloroquine; Gbiological engineering:Belimumab, Rituximab drugs.	LO 2 3	2	Small-Group Work; Mastery of Practical Skills	Oral Assessment; Evaluation of Practical Skills
	SIWT/ SIW. Theme: Systemic vasculitis	Systemic vasculitis. Definition. Types of vasculitis. Etiology. Pathophysiological mechanisms of development of systemic vasculitis. Pharmacodynamics of immunosuppressive: azathioprine, cyclophosphamide, methotrexate,	LO 2 3	3/5	Development of Case-Based Tasks	Checklist for Developing Case-Based Tasks

		hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroid drugs: prednisolone, methylprednisolone. Gbiological engineering:rituximab;angioprotective (dipyridamole)drugs; anticoagulants: clexane, fraxiparine.				
11	**Lecture.** Theme: Systemic scleroderma	Systemic scleroderma. Definition, etiology, pathogenesis. Pathological changes in connective tissue in systemic scleroderma. Pathophysiological mechanisms of development of systemic scleroderma. Classification, Diagnostics. Pharmacodynamics of basic anti-inflammatory drugs: cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroids: prednisolone, methylprednisolone; calcium channel antagonists: amlodipine, diltiazem hydrochloride, prostaglandin analogues: iloprost, alprostadil; phosphodiesterase-5 enzyme inhibitors: sildenafil; angioprotective: dipyridamole, antifibrotic penicillamine drugs; non-selective endothelin-1 receptor antagonists: bosentan.	LO 1, 2,4	1	Thematic lecture	Feedback Session (Question–Answer Format)
	Practical lesson. Theme: Systemic scleroderma	Systemic scleroderma. Definition, etiology, pathogenesis. Pathological changes in connective tissue in systemic scleroderma. Pathophysiological mechanisms of development of systemic scleroderma. Classification, Diagnostics. Pharmacodynamics of basic anti-inflammatory drugs: cyclophosphamide, methotrexate, hydroxychloroquine, mycophenolate mofetil, cyclosporine; glucocorticosteroids: prednisolone, methylprednisolone; calcium channel antagonists: amlodipine, diltiazem hydrochloride, prostaglandin analogues: iloprost, alprostadil; phosphodiesterase-5 enzyme inhibitors: sildenafil; angioprotective: dipyridamole, antifibrotic penicillamine drugs; non-selective endothelin-1 receptor antagonists: bosentan.	LO 1, 2, 4	3	Clinical Case Review. Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan	Oral Assessment; Checklist for Solving Case-Based Tasks
	SIWT/ SIW. Theme: Gout disease	Gout. Definition. Etiology. Pathophysiological mechanisms of gout development. Classification according to clinical manifestations of the disease and further progression. Clinical diagnostic criteria. Pharmacodynamics of antihyperuricemic: allopurinol, colchicine; glucocorticosteroids: prednisolone, methylprednisolone, drugs.	LO 1, 2, 4	1/6	Development of Case-Based Tasks	Analysis of Scientific Articles; Solving Case-Based Tasks
12	**Lecture.** Theme:	Dermatomyositis.Definition, etiology. Pathological changes in muscle tissue in dermatomyositis. Classification.	LO 2, 5	1	Problem-based lecture	Feedback Session (Question–

	Dermatomyositis	Major clinical syndromes. Various organ lesions in dermatomyositis. Diagnostics. Pharmacodynamics glucocorticosteroid: methylprednisolone, prednisolone; basic anti-inflammatory: cyclophosphamide, methotrexate, cyclosporine, azathioprine, hydroxychloroquine; non-steroidal anti-inflammatory drugs: diclofenac, aceclofenac, nimesulide, meloxicam.				Answer Format)
	Practical lesson. Theme: Dermatomyositis	Dermatomyositis.Definition, etiology. Pathological changes in muscle tissue in dermatomyositis. Classification. Pathophysiological mechanisms of development of dermatomyositis. Major clinical syndromes. Various organ lesions in dermatomyositis. Diagnostics. Pharmacodynamics of glucocorticosteroids: methylprednisolone, prednisolone; basic anti-inflammatory: cyclophosphamide, methotrexate, cyclosporine, azathioprine, hydroxychloroquine; non-steroidal anti-inflammatory drugs: diclofenac, aceclofenac, nimesulide, meloxicam.	LO 2, 5	3	Standardized Patient Activity. Completion of Case-Based Tasks	Standardized Patient Checklist; Checklist for Performing Case-Based Tasks
	SIWT/ SIW. Theme: Osteoarthritis **Frontier control №2**	Osteoarthritis. Definition, etiology. Pathological changes in bone in osteoarthritis. Classification. Pathophysiological mechanisms of development of osteoarthritis. Pharmacodynamicsnon-steroidal anti-inflammatory drugs: diclofenac, aceclofenac, nimesulide, meloxicam;steroid anti-inflammatory: betamethasone acetate, triamcinolone, non-steroidal anti-inflammatory local: ointment diclofenac preparations; narcotic analgesics: tramadol.	LO 2, 5	2/6	Discussion of the Session Topic; Work with Literature and the RBL Electronic Database	Analysis of Scientific Articles; Checklist for Developing Case-Based Tasks
Preparation and conducting of intermediate certification 15 hours						

9.	**Teaching methods and forms of controls**	
9.1	Lectures	Overview, Problem-Based, Informative, and Thematic Lectures; Feedback Session (Question–Answer Format)
9.2	Practical lessons	Discussion of the Session Topic; Small-Group Work; Oral Assessment; Completion of Test Assignments, Standardized Patient Activity; Standardized Patient Checklist; Solving Case-Based Tasks, Mastery of Practical Skills; Evaluation of Practical Skills, Clinical Case Review; Work with the Clinical Protocol of the Ministry of Health of the Republic of Kazakhstan
9.3	SIWT/ SIW	Discussion of the Session Topic; Project Work: Development of a Scientific Project Plan; Review and Solving of Case-Based Tasks; Project Evaluation, Analysis of Scientific Articles; Development of Case-Based Tasks
9.4	Frontier control	Testing; Oral Assessment

10.		Evaluation criteria			
10.1		Criteria for assessing the learning outcomes of the discipline			
№ RO	Name of learning outcomes	Unsatisfactory	Satisfactorily	Good	Great
LO 1	Demonstrates knowledge and understanding of the diagnosis, treatment, and follow-up of therapeutic diseases based on the principles of evidence-based medicine.	Unable to correctly name or explain the basic diagnostic methods for therapeutic diseases. Makes major errors in diagnostic algorithms and data interpretation. Does not know or applies incorrect principles of evidence-based medicine. Does not understand approaches to treatment and follow-up.	Knows the basic diagnostic methods and stages of patient evaluation. Makes minor errors when selecting diagnostic tests but can correct them with instructor guidance. Names the main principles of treatment and follow-up but explains them superficially. Applies elements of evidence-based medicine, though without confident justification.	Correctly selects the main diagnostic methods and justifies their use. Properly formulates the main principles of treatment and stages of follow-up. Explains clinical decisions based on evidence-based medicine (guidelines, recommendations), though not always in depth.	Demonstrates a deep understanding of diagnostics: selects optimal methods, considering their sensitivity, specificity, and indications. Justifies treatment using current clinical guidelines. Applies evidence-based medicine correctly, critically evaluating the quality of evidence.
LO 2	Able to formulate a clinical diagnosis, develop a treatment plan, and evaluate its effectiveness in accordance with evidence-based practice at all levels of healthcare delivery.	The diagnosis is formulated incorrectly; the prescribed treatment is inappropriate or does not comply with clinical guidelines; the effectiveness of therapy is not evaluated.	The diagnosis is partially correct; basic treatment is prescribed with minor errors; the effectiveness of therapy is evaluated superficially.	The diagnosis is formulated correctly; the treatment is prescribed appropriately and in accordance with clinical guidelines; the effectiveness of therapy is evaluated adequately.	The diagnosis is comprehensive and well-justified; the treatment is selected optimally based on evidence-based medicine; the effectiveness of therapy is evaluated thoroughly and with sound reasoning.
LO 3	Demonstrates skills in providing emergency and urgent medical care, and determines indications for hospitalization in therapeutic conditions.	Unable to provide emergency care; makes critical errors; does not know the indications for hospitalization.	Performs the basic steps of emergency care but with inaccuracies; knows the indications for hospitalization only partially.	Provides emergency care confidently; correctly determines the indications for hospitalization; makes minimal inaccuracies.	Provides emergency care quickly and competently; accurately identifies hospitalization indications in various clinical situations; demonstrates confident clinical reasoning.
LO 4	Demonstrates effective	Unable to provide basic assistance in	Communicates correctly but with	Communicates effectively with	Demonstrates high-level

	communication skills: able to interact productively with patients, their families, and healthcare professionals to achieve optimal patient outcomes; able to act within the legal and organizational framework of the healthcare system of the Republic of Kazakhstan; able to work as part of a team.	emergency situations; makes critical errors; cannot explain the principles of health education and public awareness.	difficulties; interaction with patients and colleagues is limited; adheres only to basic ethical and deontological principles.	patients and the team; adheres to ethical and legal norms; interacts confidently and constructively.	communication skills; establishes a trusting relationship; works effectively as part of a team; acts confidently within the legal and organizational framework; contributes to improved clinical outcomes.
LO 5	Able to provide basic assistance in emergency situations and conduct health education and awareness-raising activities with the population.	Unable to provide basic assistance in emergency situations; makes critical errors; cannot explain the principles of health education and public awareness.	Performs basic actions in emergency situations but with inaccuracies; can provide general information to the population, but incompletely.	Provides basic assistance in emergency situations confidently; correctly explains preventive measures and appropriate behavior to the population; makes minimal inaccuracies.	Provides basic assistance in emergency situations clearly and competently; conducts health education effectively; is able to adapt information to the audience; demonstrates confident communication and organizational skills.
LO 6	Demonstrates skills in the effective use of information technologies; able to complete medical documentation, participate in research activities, and engage in continuous self-learning and professional development.	Does not possess basic IT skills; makes errors when completing documentation; does not understand the principles of research work; does not demonstrate interest in self-directed learning.	Uses IT and electronic systems at a basic level; completes documentation with minor errors; participates in research tasks to a limited extent; shows interest in self-learning, but inconsistently.	Confidently uses IT tools and electronic databases; completes documentation correctly; actively participates in research tasks; demonstrates consistent self-learning.	Effectively uses digital technologies and databases; completes documentation accurately and without errors; shows initiative in research activities; demonstrates a high level of independent learning and professional development.

10.2	Methods and Assessment Criteria		
	Checklist for practical class		
№	**Form of control**	**Assessment**	**Evaluation criteria**
1	**Oral Examination**	Excellent A (4.0; 95–100%)	The student demonstrates deep knowledge and a full understanding of the material. Confidently answers all questions without errors. Provides practical examples, uses professional and scientific terminology, logically argues their position. Gives detailed answers and draws independent conclusions.
		A- (3,67; 90-94%)	The answer is complete and logical; minor inaccuracies do not distort the meaning. Demonstrates understanding of theoretical concepts and their application in practice. Defends their point of view with arguments and uses professional terminology.
		Good B+ (3.33; 85–89%)	The answer is generally correct and logical, but contains minor non-critical errors. Demonstrates good understanding of the topic but does not always deeply explain causal relationships.
		B (3,0; 80-84%)	The answer is essentially correct but incomplete. Some gaps in logical structure are present. The student struggles to apply theory in practice and requires prompting from the instructor.
		B- (2,67; 75-79%)	The answer partially reveals the topic. Contains inaccuracies in terminology and formulations. Weak argumentation; examples are incomplete. Understanding is satisfactory.
		C+ (2,33; 70-74%)	The answer is limited to basic points of the topic. Errors occur but are corrected after instructor's hints. Professional terms are not always used appropriately.
		Satisfactory C (2,0; 65-69%)	Answer is incomplete; basic conceptual errors occur. Material is presented unsystematically, logic is violated. Requires constant clarifications from the instructor.
		C- (1,67; 60-64%)	The student struggles to answer; knowledge is superficial and fragmented. Makes essential errors and does not always understand the question.
		D+ (1,0; 50-54%)	Formal answer that does not reflect the essence of the question. Minimal knowledge. Numerous errors, lack of logical sequence.
		Unsatisfactory FX (0,5; 25-49%)	Answer is incomplete and incorrect. Does not understand basic concepts. Does not use scientific terminology, unable to apply knowledge in practice.
		F (0; 0-24 %)	No answer or a completely incorrect answer. Does not possess the material; no understanding of the topic.
2	**Solving Case-Based Tasks**	Excellent A (4.0; 95–100%)	The student demonstrates deep knowledge and clinical reasoning. Correctly interprets all anamnesis, physical, and laboratory findings. Logically and convincingly formulates the diagnosis and selects optimal diagnostic and treatment methods. Justifies decisions based on evidence-based medicine. The answer is complete, logical, and independent.
		A- (3,67; 90-94%)	The solution is correct, with minor inaccuracies that do not affect the clinical conclusion. Confidently applies diagnostic and treatment algorithms. Logical reasoning demonstrated; structured response.
		Good B+ (3.33; 85–89%)	Generally solves the case correctly, but with some inaccuracies in diagnosis or management. Adequate argumentation but not fully comprehensive.
		B (3,0; 80-84%)	Main steps completed correctly, but lacks depth of analysis. Possible errors in data interpretation or treatment choice. Requires refinement.

		B- (2,67; 75-79%)	Partially correct solution; correct diagnostic direction but errors in details. Cannot always justify decisions; needs instructor assistance.
		C+ (2,33; 70-74%)	Contains significant inaccuracies. Knows main steps but applies them incorrectly. Logical gaps and weak justification.
		Satisfactory C (2,0; 65-69%)	Task partially completed. Errors in diagnosis and management. Cannot connect clinical data with results. Understanding is superficial.
		C- (1,67; 60-64%)	Incomplete solution with major diagnostic and therapeutic errors. Poor clinical reasoning.
		D+ (1,0; 50-54%)	Formal attempt with many essential errors. Incorrect diagnosis and treatment. No clinical logic.
		Unsatisfactory FX (0,5; 25-49%)	Solution does not meet the requirements. No understanding of the clinical scenario.
		F (0; 0-24 %)	No solution. Complete lack of knowledge or clinical reasoning.
3	**Evaluation of Practical Skills**	Excellent A (4.0; 95–100%)	The learner demonstrates the full scope of the skill without errors; performs confidently, logically, and consistently; communication is appropriate; all steps and patient safety requirements are fully observed.
		A- (3,67; 90-94%)	The skill is performed almost perfectly, with minimal inaccuracies that do not affect the quality of the result. Clinical reasoning and technique are at a high level.
		Good B+ (3.33; 85–89%)	The skill is performed well, the sequence is maintained, but there are some minor shortcomings in details or communication. The clinical decision is correct.
		B (3,0; 80-84%)	The main steps are performed correctly; minor errors are present, but they are not critical and do not affect the overall outcome.
		B- (2,67; 75-79%)	The learner performs the skill generally correctly, but makes several mistakes in technique or logic; improvement in sequence and consistency is required.
		C+ (2,33; 70-74%)	The skill is performed at an acceptable level but with noticeable deficiencies. Some steps are omitted or performed insecurely. Additional practice is required.
		Satisfactory C (2,0; 65-69%)	The minimum requirements are met. There are several errors and deviations from the protocol, but critical steps are completed. The skill needs improvement.
		C- (1,67; 60-64%)	The learner performs only part of the skill; the sequence is disrupted; significant mistakes are present that require retraining.
		D+ (1,0; 50-54%)	The skill is performed very inconsistently; important steps are omitted; understanding of the process is superficial.
		Unsatisfactory FX (0,5; 25-49%)	The learner understands the general principle, but the technique is incorrect. Most steps are performed improperly or not performed at all. The skill must be relearned.
		F (0; 0-24 %)	The learner does not possess the skill; there is no understanding of the sequence, technique, or clinical purpose.
4	**Standardized Patient Checklist**	Excellent A (4.0; 95–100%)	The learner demonstrates a high level of clinical and communication competence. Fully adheres to the patient-interaction algorithm: – greeting, introduction, explanation of the purpose of the encounter; – structured, logical, and comprehensive history taking; – open-ended and clarifying questions; – active listening and empathy; – clear summarizing and explanation of the management plan.

		A- (3,67; 90-94%)	The learner conducts the consultation with high quality but makes minor inaccuracies (e.g., omits one question or fails to clarify a small detail). Communication remains professional and respectful. The overall structure is maintained.
		Good B+ (3.33; 85–89%)	The learner interacts with the patient confidently, but there are minor structural deviations or insufficient depth of questioning. Empathy is present, but inconsistently. Most steps are performed correctly.
		B (3,0; 80-84%)	The main elements of the interview are covered: chief complaint, history of present illness, past medical history, medications, allergies, social habits. Some questions are omitted or asked superficially. Communication is respectful but sometimes mechanical.
		B- (2,67; 75-79%)	The structure of the interview is partially disrupted. Some important components of the history are missing. The patient understands the clinician but perceives the consultation as somewhat formal.
		C+ (2,33; 70-74%)	The learner asks the essential questions but does so inconsistently. There are difficulties with the logical flow of the interview, limited empathy, and occasional incorrect phrasing.
		Satisfactory C (2,0; 65-69%)	The minimum requirements are met: the chief complaint and part of the history are collected. Major components are omitted, and the structure is disrupted. Communication is dry, without establishing rapport. Significant improvement is needed.
		C- (1,67; 60-64%)	The learner asks questions in a disorganized manner and does not follow an interview structure. The patient feels discomfort or misunderstanding. Empathy is minimal. A significant portion of information is not collected.
		D+ (1,0; 50-54%)	Most key elements are missing: no introduction, no structure, no explanation of the plan. The patient does not feel heard.
		Unsatisfactory FX (0,5; 25-49%)	The learner understands the general idea of the interview but is unable to implement it.Most questions are irrelevant or absent. Communication is disrupted, and the algorithm is not followed
		F (0; 0-24 %)	The learner does not possess clinical interviewing skills. There is no structure, no communication, and no understanding of the task. Patient safety is compromised, and communication is entirely ineffective.

Checklist for independent work of students (SROP/SRO)

№	Form of control	Assessment	Evaluation criteria
1	**Analysis of Scientific Articles**	Excellent A (4.0; 95–100%)	The presentation is completed at a high scientific and analytical level. The student demonstrates deep understanding of the topic, thoroughly analyzes the article, evaluates the validity of the data, research methods, and conclusions. Applies an evidence-based approach, provides a critical review of the source, and formulates independent conclusions. The presentation is logical, well-structured, with high-quality visual and verbal delivery. Confidently and convincingly answers questions.
		A- (3,67; 90-94%)	The student confidently presents the material, demonstrates understanding of the study, correctly evaluates data and conclusions. Minor inaccuracies do not affect the overall quality. The presentation is well structured; argumentation is logical and answers are clear.
		Good B+ (3.33; 85–89%)	The material is generally presented correctly, but lacks deep critical analysis. Minor inaccuracies in interpreting the data may be present. The structure is logical, design is adequate, argumentation is sufficient.

		B (3,0; 80-84%)	The analysis is superficial, with insufficient assessment of methodology and scientific relevance. Contains errors; argumentation is weak. Answers require prompting.
		B- (2,67; 75-79%)	The presentation is informative but lacks critical analysis. Facts are presented without interpretation. Errors in evaluating article conclusions; average quality of slides.
		C+ (2,33; 70-74%)	Shows limited understanding of the topic. Retells content without analysis. Fails to identify key findings or scientific novelty. Structure violated; formal presentation.
		Satisfactory C (2,0; 65-69%)	Minimal analysis; no independent conclusions. Major errors in interpreting data. Slides poorly structured; oral presentation unconvincing.
		C- (1,67; 60-64%)	A simple retelling, no analysis. Lacks understanding of methodology or clinical significance. Presentation does not meet academic standards.
		D+ (1,0; 50-54%)	Work is formal. Logical and data interpretation errors. No critical analysis. Cannot answer content-related questions.
		Unsatisfactory FX (0,5; 25-49%)	Presentation does not match the topic or contains major errors. No understanding of material; missing structure, analysis, or conclusions.
		F (0; 0-24 %)	Presentation missing or entirely irrelevant. No analysis or understanding of scientific content.
2	**Development of Case-Based Tasks**	Excellent A (4.0; 95–100%)	The case-based task fully meets methodological requirements and clinical logic. It includes: a clear clinical scenario; a structured history; objective findings (physical examination, laboratory tests, imaging or instrumental studies); a logical framework for clinical reasoning; appropriate answer options or expected solution steps; absence of errors, inaccuracies, or ambiguities. The wording is clear, concise, and professionally formulated.
		A- (3,67; 90-94%)	The case is of high quality, but minor shortcomings are present: one diagnostic step may be missing, the history is slightly simplified, or a secondary detail is omitted. The overall clinical meaning is preserved.
		Good B+ (3.33; 85–89%)	The case is well developed and structurally consistent, but lacks sufficient detail. One or two important elements may be simplified or shortened. There are no errors, but the overall quality could be improved.
		B (3,0; 80-84%)	The case is solvable and logical, but the history is partially incomplete; some objective data are missing; some statements require clarification. Nevertheless, the clinical reasoning chain can still be reconstructed.
		B- (2,67; 75-79%)	Key components are present but incomplete: inaccuracies in wording; disrupted sequence; incomplete diagnostic information. Clinical logic is evident, but needs strengthening.
		C+ (2,33; 70-74%)	The case is constructed, but the quality is compromised: the structure is fragmented; parts of the history and objective findings are missing; stylistic and methodological errors are present. The topic is understood, but requires revision.
		Satisfactory C (2,0; 65-69%)	The case is formally created, but important data are missing; clinical logic is disrupted; some details are incorrect or unnecessary; the wording is inconsistent.
		C- (1,67; 60-64%)	Most of the case is fragmented. History, diagnostic steps, and examination findings are presented superficially. There are logical gaps, terminology errors, and structural violations.
		D+ (1,0; 50-54%)	The case is constructed incorrectly: key aspects are missing; clinical logic is incorrect; data contradict each other; the structure is absent.

			The case cannot be completed.
		Unsatisfactory FX (0,5; 25-49%)	There is an attempt to create a case, but the result is irrelevant: the data are inconsistent; no clinical meaning; diagnosis or management plan cannot be formulated.
		F (0; 0-24 %)	The case-based task is not created or is entirely incorrect. There is no clinical logic, no structure, no data. The task cannot be assessed.
Project work assessment criteria			
1	**Defining the Aim and Planning the Project**	Excellent A (4.0; 95–100%)	The project aim is clearly formulated, achievable, and logically aligned with the project tasks. The work plan is realistic and includes stages, timelines, and required resources.
		A- (3,67; 90-94%)	The aim is clear and achievable; the plan is logical overall but some stages are not fully detailed.
		Good B+ (3.33; 85–89%)	The aim is formulated correctly, but the plan is superficial and lacks detail.
		B (3,0; 80-84%)	The aim is understandable, but the plan contains unclear elements and lacks sequence.
		B- (2,67; 75-79%)	The aim is general and does not fully reflect the essence of the project; the plan is fragmented.
		C+ (2,33; 70-74%)	The aim is partially formulated; parts of the plan are missing.
		Satisfactory C (2,0; 65-69%)	The aim is not specific; the plan is unrealistic or missing.
		C- (1,67; 60-64%)	The aim and plan do not correspond to the project topic.
		D+ (1,0; 50-54%)	The aim and plan do not match the project content.
		Unsatisfactory FX (0,5; 25-49%)	The aim is absent; the plan is not provided.
		F (0; 0-24 %)	No aim and no plan provided at all.
2	**Formulation and Justification of the Project Problem**	Excellent A (4.0; 95–100%)	The problem is clearly, logically, and scientifically justified. Full explanation of relevance supported by modern research sources. Demonstrates deep understanding and analytical thinking.
		A- (3,67; 90-94%)	The problem is defined correctly; justification is logical with examples and sources. Minor analytical simplifications.
		Good B+ (3.33; 85–89%)	The problem is correctly identified but justification is brief and not deeply analytical.
		B (3,0; 80-84%)	The problem is relevant but justification is superficial. Limited connection between the problem and the project aim.
		B- (2,67; 75-79%)	The problem is stated but insufficiently specific; justification is weak and not source-based.
		C+ (2,33; 70-74%)	Problem described in general terms without demonstrating relevance; argumentation weak or absent.
		Satisfactory C (2,0; 65-69%)	Problem stated formally with no logical connection to the aim; no evidence of its significance.
		C- (1,67; 60-64%)	Problem incorrectly formulated or distorted; justification absent.
		D+ (1,0; 50-54%)	Problem partially stated but unrelated to the topic; no argumentation.
		Unsatisfactory FX (0,5; 25-49%)	Problem not defined; no justification; misunderstanding of the task.
		F (0; 0-24 %)	Complete absence of problem formulation and analysis.

3	**Diversity of Information Sources**	Excellent A (4.0; 95–100%)	The student uses a wide range of diverse, up-to-date, peer-reviewed sources (at least 12–15). Includes international publications, professional guidelines, and scientific articles. Demonstrates deep analytical understanding, causal links, and critical thinking.
		A- (3,67; 90-94%)	Uses 10–12 high-quality, diverse sources including scientific articles. Comprehensive and systematic topic coverage with minor depth issues.
		Good B+ (3.33; 85–89%)	Uses 8–10 sources, some scientific. Good diversity; topic covered adequately but with descriptive rather than analytical emphasis.
		B (3,0; 80-84%)	Uses 6–8 sources, mainly textbooks and acceptable online resources. Good content coverage but limited analysis.
		B- (2,67; 75-79%)	Uses 5–6 sources; limited diversity. Topic covered superficially; minimal analysis.
		C+ (2,33; 70-74%)	Uses 4–5 basic, similar sources. Insufficient depth; mainly descriptive.
		Satisfactory C (2,0; 65-69%)	Uses 3–4 sources; questionable relevance; fragmented topic coverage.
		C- (1,67; 60-64%)	Uses 2–3 sources; little depth; no analysis; major content gaps.
		D+ (1,0; 50-54%)	Uses 1–2 low-quality sources; citation errors; minimal understanding.
		Unsatisfactory FX (0,5; 25-49%)	Uses 1 irrelevant source or none; incorrect or extremely superficial content.
		F (0; 0-24 %)	No sources used; topic not addressed.
4	**Analysis of Project Process, Results, and Conclusions**	Excellent A (4.0; 95–100%)	Deep, logical, and sequential analysis. All stages clearly described; methods justified. Results interpreted scientifically with comparison to literature. Conclusions well-reasoned and fully aligned with project aim.
		A- (3,67; 90-94%)	Almost complete analysis; logical description of stages; correct interpretation; well-formulated conclusions with slight limitations in depth.
		Good B+ (3.33; 85–89%)	Detailed description of stages; correct interpretation with limited depth; conclusions accurate but partly descriptive.
		B (3,0; 80-84%)	Partially superficial analysis; limited alignment with theory. Conclusions brief and incomplete.
		B- (2,67; 75-79%)	Analysis simplified; insufficient interpretation; incomplete conclusions.
		C+ (2,33; 70-74%)	Weak analysis; minimal process description; superficial interpretation; general conclusions.
		Satisfactory C (2,0; 65-69%)	Fragmented analysis; incorrect or minimal interpretation; conclusions vague or unrelated to results.
		C- (1,67; 60-64%)	Practically no analysis; incomplete description; unsupported conclusions.
		D+ (1,0; 50-54%)	Minimal analysis; incorrect interpretation; conclusions not based on data
		Unsatisfactory FX (0,5; 25-49%)	No analysis or major errors; chaotic or incorrect results; no valid conclusions.
		F (0; 0-24 %)	Complete lack of analysis, results, or conclusions.
5	**Achievement of the Project Aim and Alignment with Content**	Excellent A (4.0; 95–100%)	The aim is fully achieved. All tasks completed and logically aligned with the aim. Project content fully corresponds to the topic; deep understanding and structural completeness demonstrated.
		A- (3,67; 90-94%)	Aim nearly fully achieved; all main tasks completed; minor structural inconsistencies.
		Good B+ (3.33; 85–89%)	Aim achieved but some tasks not fully addressed; content mostly aligned.

		B (3,0; 80-84%)	Aim partially achieved; some tasks completed; partial misalignment.
		B- (2,67; 75-79%)	Aim incompletely achieved; content partially deviates.
		C+ (2,33; 70-74%)	Aim weakly achieved; significant content inconsistencies.
		Satisfactory C (2,0; 65-69%)	Aim minimally achieved; fragmented content.
		C- (1,67; 60-64%)	Significant misalignment between aim and content.
		D+ (1,0; 50-54%)	Aim not achieved; content partially related.
		Unsatisfactory FX (0,5; 25-49%)	Aim barely reflected; content irrelevant.
		F (0; 0-24 %)	Aim not achieved; content unrelated.
6	**Compliance with Written Formatting Requirements**	Excellent A (4.0; 95–100%)	Fully complies with all formatting requirements: structure, font, spacing, margins, citation style, references, tables, figures. Text is polished and professional.
		A- (3,67; 90-94%)	Formatting nearly perfect; minor discrepancies.
		Good B+ (3.33; 85–89%)	Most requirements met; minor errors in font consistency or references.
		B (3,0; 80-84%)	Partial compliance; errors in headings, spacing, or referencing.
		B- (2,67; 75-79%)	Multiple significant formatting violations.
		C+ (2,33; 70-74%)	Many errors; structure inconsistent; formatting weak.
		Satisfactory C (2,0; 65-69%)	Poor formatting; inconsistent fonts, flawed structure.
		C- (1,67; 60-64%)	Major formatting errors; difficult to read.
		D+ (1,0; 50-54%)	Very poor formatting; no referencing.
		Unsatisfactory FX (0,5; 25-49%)	Formatting requirements not met; chaotic presentation.
		F (0; 0-24 %)	No formatting; text lacks structure entirely.
7	**Quality of Presentation Delivery**	Excellent A (4.0; 95–100%)	Delivered confidently and professionally. Speaker demonstrates full mastery of the material, speaks clearly without reading. Visual materials effective; strong audience engagement. Excellent structure and timing.
		A- (3,67; 90-94%)	Confident delivery; minor issues with visuals or phrasing.
		Good B+ (3.33; 85–89%)	Generally confident; clear structure; minor weaknesses in expressiveness.
		B (3,0; 80-84%)	Acceptable delivery; frequent reliance on slides; limited audience contact.
		B- (2,67; 75-79%)	Uncertain delivery; weak dynamics; overloaded or poorly designed visuals.

		C+ (2,33; 70-74%)	The presenter reads the text from the slides or from a sheet. Delivery is monotonous, with weak audience engagement. Visual materials contain errors (small font, overcrowded slides). Answers to questions are superficial.
		Satisfactory C (2,0; 65-69%)	The delivery of the material is weak. Structure is disrupted, and logical flow is not consistently maintained. There is significant dependence on the presentation text. Visual materials are of insufficient quality. Answers to questions are incomplete.
		C- (1,67; 60-64%)	The presentation is disorganized. The presenter reads the entire text, with almost no interaction with the audience. The presentation contains noticeable formatting errors. Answers to questions are inaccurate or absent.
		D+ (1,0; 50-54%)	The presenter clearly does not master the material. The presentation is inconsistent and poorly designed. Answers to questions are incorrect or absent.
		Unsatisfactory FX (0,5; 25-49%)	The presentation does not meet the requirements: the report is missing or significantly violates structural norms. The presenter does not understand the material; visual materials are missing or of extremely poor quality.
		F (0; 0-24 %)	The presentation is not delivered or is entirely non-compliant with requirements. The report is absent, there is no audience engagement, and the content is not covered.
8	**Quality of the final product**	Excellent A (4.0; 95–100%)	The final product is completed at a highly professional level. It fully meets the project's goals and objectives. The product is functional, logically structured, aesthetically designed, and contains original solutions. There are no errors or deficiencies. Practical value is high, and real implementation is possible.
		A- (3,67; 90-94%)	The final product is of high quality, well-designed, and fully functional. Minor shortcomings are present but do not affect functionality. Practical value and logical structure are preserved.
		Good B+ (3.33; 85–89%)	The product is completed at a good level and meets the requirements. Minor flaws in design, structure, or functionality may be present, but the overall objective is achieved. Practical application is possible with minimal revisions.
		B (3,0; 80-84%)	The product is generally of good quality but contains several noticeable shortcomings. Functionality is partially limited. Design or structure requires improvement.
		B- (2,67; 75-79%)	The final product is completed satisfactorily but has limited functionality, weak design elements, or incomplete compliance with the requirements. Significant revision is needed for practical use.
		C+ (2,33; 70-74%)	The product is completed at a basic level: functionality works only partially, design is weak, and there are technical or logical errors. Compliance with the requirements is partial.
		Satisfactory C (2,0; 65-69%)	The product is completed formally. Functionality is low. It contains errors and deficiencies that hinder full use. Significant reworking is required.
		C- (1,67; 60-64%)	The quality of the final product is low: serious errors, numerous shortcomings, and incomplete compliance with the requirements. Practical value is minimal.
		D+ (1,0; 50-54%)	The product is almost non-functional or contains critical errors. Requirements are met only partially or formally.

		Unsatisfactory FX (0,5; 25-49%)	The final product does not meet the requirements. Functionality is absent or performed incorrectly. The product cannot be used for its intended purpose.
		F (0; 0-24 %)	The final product is completely absent or entirely unusable. The task has not been completed.
Checklist for Midterm Assessment			
1	**Oral Examination**	Excellent A (4.0; 95–100%)	The student demonstrates deep knowledge and a complete understanding of the material. Confidently answers all questions without errors. Provides practical examples, uses professional and scientific terminology, and articulates arguments logically. Gives comprehensive answers and draws independent conclusions.
		A- (3,67; 90-94%)	The answer is complete and logical; minor inaccuracies do not distort the meaning. Demonstrates understanding of theoretical concepts and their application in practice. Defends their point of view with well-reasoned arguments and uses professional terminology appropriately.
		Good B+ (3.33; 85–89%)	The answer is generally correct and logical, but contains some minor, non-critical errors or inaccuracies. Demonstrates good understanding of the topic, although causal relationships are not always fully explored.
		B (3,0; 80-84%)	The answer is essentially correct but incomplete. Some gaps in logic are present. The student struggles to apply theory in practice and requires clarifying questions from the instructor.
		B- (2,67; 75-79%)	The answer partially reveals the topic. Inaccuracies in terminology and formulations are present. Argumentation is weak, and examples are incomplete. Understanding of the topic is satisfactory.
		C+ (2,33; 70-74%)	The answer is limited to basic points. Occasional errors occur but are corrected after the instructor's prompt. Professional terminology is used inconsistently or not always appropriately.
		Satisfactory C (2,0; 65-69%)	The answer is incomplete and contains errors in basic concepts. Material is presented unsystematically, with logical inconsistencies. The student requires constant clarifications from the instructor.
		C- (1,67; 60-64%)	The student struggles to answer. Knowledge is superficial and fragmented. Makes fundamental errors and does not always understand the question.
		D+ (1,0; 50-54%)	The answer is formal and does not reflect the essence of the question. The student possesses minimal knowledge of the topic. Numerous errors are present, and the answer lacks logical sequence.
		Unsatisfactory FX (0,5; 25-49%)	The answer is incomplete and incorrect. The student has not mastered the basic concepts of the topic. Does not use scientific terminology and is unable to apply knowledge in practice.
		F (0; 0-24 %)	No answer is provided, or the answer contains a complete set of errors. The student does not possess the material and demonstrates no understanding of the topic. The level of knowledge cannot be assessed.
2	**Testing**	Is conducted using a multi-point knowledge assessment system	

10.3	Multi-point knowledge assessment system		
Letter grade	Digital equivalent of points	Percentage	Traditional assessment
A	4,0	95-100	Excellent
A -	3,67	90-94	
B +	3,33	85-89	Fine
B	3,0	80-84	
B -	2,67	75-79	
C +	2,33	70-74	
C	2,0	65-69	Satisfactorily
C -	1,67	60-64	
D+	1,33	55-59	
D-	1,0	50-54	
FX	0,5	25-49	Unsatisfactory
F		0-24	

11.	Learning Resources
Electronic resources	1. Electronic library SKMA https://e-lib.skma.edu.kz/genres 2. Republican Interuniversity Electronic Library - http://rmebrk.kz/ 3. Digital library "Aknurpress" - - https://www.aknurpress.kz/ 4. Electronic library "Epigraph" - http://www.elib.kz/ 5. Epigraph - a portal of multimedia textbooks - https://mbook.kz/ru/index/ 6. ЭБС IPR SMART https://www.iprbookshop.ru/auth 7. Information and legal system "Zan"- https://zan.kz/ru 8. Medline Ultimate EBSCO - https://research.ebsco.com/ 9. eBook Medical Collection EBSCO - https://research.ebsco.com/ 10.Scopus - https://www.scopus.com/
Electronic books	1. Guide to the treatment of diseases of internal organs. 5 volume.A.N. Hams. 2018y https://t.me/medknigi_arhiv/295 2. Клинические задачи по дисциплине «Внутренние болезни» (на английском языке) = Clinical Cases in Internal Diseases Specialty (in English) : учебно-методическое пособие по пропедевтике внутренних болезней / Е. К. Шаварова, М. А. Ефремовцева, Е. А. Троицкая [и др.] ; под редакцией Ж. Д. Кобалава. — Москва : Российский университет дружбы народов, 2018. — 92 с. URL: https://www.iprbookshop.ru/91009. 3. Ajay K. Singh, Joseph Loscalzo. The Brigham Intensive Review of Internal Medicine Question and Answer Companion [Internet]. Oxford: Oxford University Press; 2014 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=e65b75ca-534a-3741-8d76-d758717a1353 4. David Hui, Eduardo Bruera. Internal Medicine Issues in Palliative Cancer Care [Internet]. Oxford: Oxford University Press; 2014 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=bfa4dc54-7e5c-3c19-84d0-6ae57a83c8ea 5. Xiang Xia, Xiao-heng Shen, Min Chen, Yan-qian Xiao. World Century Compendium To Tcm - Volume 4: Introduction To Chinese Internal Medicine [Internet]. Vol. 00004. Hackensack, N.J.: World Century Publishing Corporation; 2013 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=adac61ac-1326-3624-8713-8420302082d7 6. Maureen Lyons, Peter McDonnell, Jennifer Schmidt. The Washington Manual of Outpatient Internal Medicine [Internet]. Third edition. Philadelphia: Wolters

Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=13d72626-c2dc-3e9c-a720-8f05c9a4da59
7. Thomas Ciesielski. Washington Manual® General Internal Medicine Consult [Internet]. Third edition. Philadelphia: Wolters Kluwer Health; 2017 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=6167c7bc-c6cc-338b-966d-5be484a3a22c
8. Stephen Hauser. Mayo Clinic Gastroenterology and Hepatology Board Review [Internet]. 5th edition. [Rochester, Minn.]: Oxford University Press; 2014 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=acdc114b-99a8-3334-aa8f-1a01848e4492
9. Adam S Cheifetz, Alphonso Brown, Michael Curry, Alan C Moss. Oxford American Handbook of Gastroenterology and Hepatology [Internet]. Oxford: Oxford University Press; 2011 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=cfed1be4-5c8c-3d1b-8a3b-ff638c045909
10. Alissa J. Walsh, Otto C. Buchel, Jane Collier, Simon P. L. Travis. Oxford Case Histories in Gastroenterology and Hepatology [Internet]. Oxford: OUP Oxford; 2010 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=4ca8519e-9cba-3171-9a6c-7142290efeee
11. Ng SC, Chan HC, Lui RN. Clinical Challenges & Images in Gastroenterology [Internet]. Harley, Shrewsbury, UK: TFM Publishing; 2018 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=22dd322f-4fd8-3051-b0b9-343657cac202
12. Chandra Gyawali. The Washington Manual Gastroenterology Subspecialty Consult [Internet]. Fourth edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=8c59742d-7b8a-3513-a38b-06fa0202a4cb
13. Haroon M. Clinical Examination and Applied Medicine, Volume II : Gastroenterology Series [Internet]. First edition. Vol. Volume II. New York, [New York]: Momentum Press; 2018 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=55e1b2db-d607-3a25-91f1-7e396e6761cf
14. Reinhard Kubale, Hubert Stiegler, Hans-Peter Weskott. Vascular Ultrasound : B-Mode, Color Doppler and Duplex Ultrasound, Contrast-Enhanced Ultrasound [Internet]. Stuttgart: Thieme; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=77bccd31-ce74-3420-8814-5b070bc595eb
15. Maria Gonzalez. Washington Manual Rheumatology Subspecialty Consult [Internet]. Third edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=37248159-132e-3c20-8832-aea1d73c6f40
16. Hanks M. SBAs, EMQs & SAQs in Medicine [Internet]. Harley, Shrewsbury, UK: tfm Publishing Ltd; 2019 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=bee40b65-2ce1-358f-8bf2-ce7491ec3d97
17. Malgorzata Wislowska. Diagnosis and Treatment in Rheumatology [Internet].

Sharjah: Bentham Science Publishers; 2018 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=25759e85-9746-3344-bd4c-bdcd11f6e1d4
18. Syuichi Koarada. Rheumatoid Arthritis: A Systematic Approach [Internet]. Vol.00003. Sharjah: Bentham Science Publishers; 2018 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=3aaf331d-5afa-39ce-93e1-661bef8ddc1d
19. Ciurtin C, Isenberg DA. Biologics in Rheumatology: New Developments, Clinical Uses and Health Implication [Internet]. New York: Nova Science Publishers, Inc; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=822b4354-8600-320c-9d6d-870411f1bd59
20. Nicola Dalbeth, Lisa Stamp, Tony Merriman. Gout [Internet]. Oxford: OUP Oxford; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=96aa660c-c815-3ba5-a135-ad4950689cf7
21. Bhaskar Dasgupta, Christian Dejaco. Polymyalgia Rheumatica and Giant Cell Arteritis [Internet]. First edition. Oxford, United Kingdom: OUP Oxford; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=f7cf5df2-640e-3471-aa0a-af94100f1985
22. Caroline Gordon, David Isenberg. Systemic Lupus Erythematosus [Internet]. Oxford, United Kingdom: OUP Oxford; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=feb87b63-62e2-3d29-a9f0-2f075f40a5b7
23. Alejandro A. Gru, Andras Schaffer, Alistair Robson. Hematopathology of the Skin : Clinical & Pathological Approach [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=5ad4fadc-c18a-3006-8b37-0ac8afbf35da
24. Robert J. Means J, George Rodgers, Bertil Glader, Daniel A. Arber, Frederick R. Appelbaum, Angela Dispenzieri, et al. Wintrobe's Clinical Hematology [Internet]. 15th ed. [S.l.]: Wolters Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=af9f2d19-d506-316b-8adb-cb38b4aa07fb
25. L Jeffrey Medeiros. Ioachim's Lymph Node Pathology [Internet]. Fifth edition. Philadelphia: Wolters Kluwer Health; 2022 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=da301056-fd55-38a7-b472-9179a3e66674
26. Křížková V et al. Blood and Blood Components, Hematopoiesis, Selected Methods Used in Cytology, Histology and Hematology [Internet]. First edition. Prague: Charles University in Prague, Karolinum Press; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=b1dddefd-920e-38f0-9234-e0de6b1f81be
27. Basten DG. Blood Results in Clinical Practice: A Practical Guide to Interpreting Blood Test Results [Internet]. revised and updated edition. Cumbria: M&K Publishing; 2019 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=b0a8fc16-a267-3922-816f-86d559166c22
28. Hanks M. SBAs, EMQs & SAQs in Medicine [Internet]. Harley, Shrewsbury, UK: tfm Publishing Ltd; 2019 [cited 2025 Dec 19]. Available from:

https://research.ebsco.com/linkprocessor/plink?id=bee40b65-2ce1-358f-8bf2-ce7491ec3d97
29. Babette Weksler. Wintrobe's Atlas of Clinical Hematology [Internet]. Second edition. Philadelphia: Wolters Kluwer Health; 2018 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=909b5616-2753-3842-b05e-a4f704eacd09
30. Georg Lenz, Laura Pasqualucci. Malignant Lymphomas : Biology and Molecular Pathogenesis [Internet]. Berlin: De Gruyter; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=4b6f6e1e-f54c-395d-97ec-5d0808db918a
31. Günter Köhler, Matthias Evert, Katja Evert, Marek Zygmunt. Other Rare Sarcomas, Mixed Tumors, Genital Sarcomas and Pregnancy [Internet]. Vol. 00002. Berlin: De Gruyter; 2016 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=40721c59-f586-34c5-8e77-5cbafa0c26ca
32. Jay Shubrook. Everyday Diabetes in Primary Care : A Case-Based Approach [Internet]. Philadelphia: Wolters Kluwer Health; 2023 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=5290f1fe-7d50-3a93-818b-596f7be64643
33. L Jeffrey Medeiros. Ioachim's Lymph Node Pathology [Internet]. Fifth edition. Philadelphia: Wolters Kluwer Health; 2022 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=da301056-fd55-38a7-b472-9179a3e66674
34. Amar Abderrahmani, Sabine Szunerits, Rabah Boukherroub, Abdelfattah El Ouaamari. Nanotechnology for Diabetes Management [Internet]. Cambridge: Royal Society of Chemistry; 2022 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=71145a4d-f228-3404-ad33-b8aac180b7e0
35. Mushtaq Haroon, Sundus Maryium Husnain. Diabetes and Endocrinology : Essentials of Clinical Practice [Internet]. First edition. New York, New York [222 East 46th Street, New York, NY 10017]: Momentum Press; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=6689b1ec-f614-384d-a41c-103bdb9f288c
36. Lewis E. Braverman. Werner & Ingbar's The Thyroid [Internet]. Eleventh edition. Philadelphia: Wolters Kluwer Health; 2021 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=085ca673-5f80-3291-b897-1feed2e9b803
37. David Bleich M. The Diabetes LIFEMAP : Data Driven Diabetes Care for the 21st Century [Internet]. [Place of publication not identified]: Morgan James Publishing; 2020 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=12b001b7-a1d4-370a-82b4-b3317b32f085
38. Merle Myerson. Dyslipidemia: A Clinical Approach [Internet]. Philadelphia: Wolters Kluwer Health; 2019 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=aed9ecfe-6a68-3302-948f-f87c6eaabbcf
39. Kenneth D. Hatch. Operative Techniques in Gynecologic Surgery : Gynecologic Oncology [Internet]. Philadelphia: Wolters Kluwer Health; 2019 [cited 2025 Dec 19]. Available from:

	https://research.ebsco.com/linkprocessor/plink?id=9561b349-70ca-3e0d-a5a5-ebdec82f673e 40. Steven T. Nakajima, Travis W. McCoy, Miriam S. Krause, Jonathan S. Berek. Operative Techniques in Gynecologic Surgery: REI : Reproductive, Endocrinology and Infertility [Internet]. [N.p.]: Wolters Kluwer Health; 2017 [cited 2025 Dec 19]. Available from: https://research.ebsco.com/linkprocessor/plink?id=cb36b51b-b3e1-3cb4-8e18-6f6d037a53b5
Literature Gastroenterology	**Basic literature** 1. Diagnosis of internal diseases by syndromes : training manual / E. K. Bekmurzaeva. - Almaty : Эпиграф, 2022. - 128 p. - ISBN 978-601-352-964-6 : 8500.00 Тг. Перевод заглавия: Диагностика внутренних заболеваний по синдромам **Additional literature** 1. Harrison's Manual of Medicine. Editors Dennis L.Kasper,Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине.
Rheumatology	**Basic literature** 1. Zammitt, N.Essentials of Kumar Clarks clinical medicine : textbook / N. Zammitt, A. O Brien. - 6th ed. - Philadelphia : Elsevier, 2018. - 889 p. - ISBN 978-0-7020-6605-4 : 26729.00 Тг. Перевод заглавия: Основы клинической медицины Кумара Кларка **Additional literature** 1. Harrison's Manual of Medicine. Editors Dennis L.Kasper,Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине
Hematology	**Basic literature** 1. Diagnosis of internal diseases by syndromes : training manual / E. K. Bekmurzaeva. - Almaty : Эпиграф, 2022. - 128 p. - 8500.00 Тг. Перевод заглавия: Диагностика внутренних заболеваний по синдромам **Additional literature** 1. Harrison's Manual of Medicine. Editors Dennis L.Kasper,Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине
Endocrinology	**Basic literature** 1. Diagnosis of internal diseases by syndromes : training manual / E. K. Bekmurzaeva. - Almaty : Эпиграф, 2022. - 128 p. - 8500.00 Тг. Перевод заглавия: Диагностика внутренних заболеваний по синдромам **Additional literature** 1. Harrison's Manual of Medicine. Editors Dennis L.Kasper,Antony S.Fauci MD[and others]. 17 th ed – New Delhi, 2016. – 1244 p. 2. Manipal Prep Manual of Medicine.Manthappa M./2 th ed./CBS Pubiishers Distributors,2016.-708 p. Перевод заглавия: Руководство по подготовке к манипуляциям в медицине 3. Manthappa, M.Manipal Prep Manual of Medicine / M. Manthappa. - 2th ed. - New Delhi : CBS Publishers & Distributors Pvt Ltd , 2016. - 708 p: Б. ц.

	Перевод заглавия: Руководство по медицине Харрисона

12.	**Discipline policy**

- Absence from classes without a valid reason is not allowed.
- Make up missed classes in a timely manner for a valid reason.
- Attend classes, IWLTs and lectures on time.
- Learners must have an appropriate outfit (robe, cap, change of shoes, etc.).
- The learner has a medical sanitary record.
- Timely completion of tasks according to IWL.
- The learner must treat learners and his fellow teachers with respect.
- Careful attitude of learners towards the property of the department.
- **Training requirements, penalties**
- Attendance of lectures is mandatory. In the event of 3 (three) unexcused absences from lectures, an official report will be issued for the student, and 10 (ten) points will be deducted from the midterm assessment score.
- a learner who fails to appear at the midterm control without a good reason is not allowed to take the exam in the discipline. A learner who does not appear for midterm control for a good reason, immediately after starting classes, submits an application addressed to the dean, provides supporting documents (due to illness, family circumstance or other objective reasons), receives a work sheet that is valid for the period specified in clause 12.4. The results of the midterm control are provided to the dean's office in the form of a report before the end of the control week.
- The IWLgrade is given during IWLT classes according to the schedule in the educational journal of progress and the electronic journal, taking into account penalty points are deducted from the IWL grades).

if you miss one IWLT lesson - a penalty point of 2.0;
a learner who has not achieved a passing score (50%) on one of the types of controls (current control, midterm control No. 1 and/or No. 2) is not allowed to take the exam in the discipline.

13.	**Academic policy based on the moral and ethical values of the academy**

www.ukma.kz, → Section: Academic Policy Clause 4. Student Honor Code

Discipline grading policy

–Midterm control of students' knowledge is carried out at least twice during one academic period on 8/12 days of theoretical training with the results of midterm tests entered into an electronic journal, taking into account penalty points for missed lectures (missed lectures in the form of penalty points are subtracted from midterm control grades) .

–The results of the midterm control are provided to the dean's office in the form of a report before the end of the control week.

–The examination grade is assigned based on the results of the current and midterm controls - the assessment of the admission rating (ARA) (60%) and the final control - the exam grade (40%).

–ORD (admission rating assessment) is defined as the average value of points for practical classes, SRO, and midterm control.

–A student who has scored a minimum ORD score of 1 (15%) or higher is allowed to take the exam.

– The final grade for the discipline will be the sum of the current academic performance (CPR) and the exam grade. The final grade according to the point-rating letter system is:

– percentage of the final grade
– Digital equivalent of points
– letter equivalent of points

assessment according to the traditional system

14. Coordination, Approval, and Revision

Date of coordination with the Library and Information Center	Protocol № 7	Full Name of the Head of the Library and Information Center	Signature
	25.06.25	Darbicheva R.I.	[signature]
Date of approval at the department	**Protocol № 1**	**Full Name of the Head of the Department**	**Signature**
	28.06.2025	Асанова Г.К.	[signature]
Date of approval by the Educational Program Academic Committee (EPAC)	**Protocol № 6**	**Full Name of the Chair of the EPAC**	**Signature**
	27.06.2025	Нурхожиди Д.	[signature]
Date of revision at the department	**Protocol № _**	**Full Name of the Head of the Department**	**Signature**
Date of revision by the Educational Program Academic Committee (EPAC)	**Protocol № _**	**Full Name of the Chair of the EPAC**	**Signature**